

BLOOD BANK DOWNTIME REQUISITION

Positive Patient Identification – required when electronic PPID is unavailable.

Dual signoff is required to process blood bank tests – Either by the patient AND the collector OR the collector AND a 2nd VUMC staff member.

Name: _____

MRN: _____

Pt. Location: _____

PATIENT initials: _____ (to be completed by patient, parent, legal guardian or POA)

I confirm that my name/the patient's name and date of birth are correctly listed above.

VUMC specimen collector: _____

Collection Date: _____ **Collection Time:** _____

If patient/parent/guardian/POA is unable to verify identification by initialing above, a second VUMC clinical staff member, present during the patient labeling and verification process, must confirm that the patient name and date of birth on the label match that of the patient and sign below:

VUMC employee verification: _____ **Date:** _____

Physician Order - Tests

	Type and Screen (LV)		Irradiation (RBC & Platelets)
	Other tests (specify)		
	Comments:		

Physician Order - Products

	Reserve/Transfuse	# Units	# mls (include prime vol.)
	RBC		
	FFP		
	Platelets		
	Cryoprecipitate		

Request Blood Product from the Blood Bank

Product	# Units	# mls (include prime vol)
RBC		
FFP		
Platelets		
Cryo		
OR Transport:		
	Cooler	Tube

Reason/History Diagnosis/ICD10: _____

Ordering Provider's printed name: _____ Signature: _____ Date: _____ Time: _____

Restricted to Adult & Peds Pre-Op clinics and Peds Cardiology Pre-Op Clinics:

Testing is routinely performed on a sample collected no earlier than 3 days before receiving blood. A sample for blood typing and cross match can be collected earlier if there is documentation that the patient has not been transfused with blood products or has not been pregnant during the preceding 90 days.

Patient has been transfused with blood products within the last 90 days. Yes [] No []

Patient has been pregnant within the last 90 days. Yes [] No [] Patient is male []

Surgery Date: ____ / ____ / ____

Staff printed name: _____ Signature: _____ Date: _____